

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000002491**

1. Entity Name
THAR ENTERPRISES, INC.

Principal Place of Business
**541 PERMANTO AVE
#108
JACKSONVILLE FL 32220
US**

Mailing Address
**PO BOX 37043
#108
JACKSONVILLE FL 32236
US**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90091 013 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2904241	Applied For
		Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUISINGA, R J
3033-1 HARTLEY ROAD
JACKSONVILLE FL 32257**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

D
HUISINGA, R J
8210 SPENCERS TRACE DR
JACKSONVILLE FL

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

*3033-1 Hartley Road
Jacksonville, FL 32257*

D
ANDERSON, T R
100 ST EMILION CT
PONTE VERDA FL

Delete

Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 904-288-6166

Date

Daytime Phone #

CR2E034 (9/01)